PETIT	TION F	OR EX	TENSION O	F TIME UNDER 37 CFR 1.136(a)	Docket Number (Optional) USPA-0030	
0	IPE		In re Application	on of : Murphy, Joy Viren	1	
		yc.	Application Nur	mber: 10,667,716	Filed: 09/22/2003	
E FEB	2 2 Mins	99	For: Portable T	ravel Grip		
里		J. 1	Art Unit: 3632		Examiner: Anita M. King	
VA <sub>20</sub>	This is above i	a reques dentified	st under the pro d application.	ravel Grip  visions of 37 CFR 1.136(a) to extend the p  appropriate non-small entity are as follows (	eriod for filing a reply in the	
	The red	quested (	extension and a	appropriate non-small entity are as follows (	(check time period desired):	
		_	One month (37 CFR 1.17(a)(1))		\$	
		xx_	Two months (37 CFR 1.17(a)(1))		\$ <u>225.00</u>	
		_	Three months	(37 CFR 1.17(a)(1))	\$	
		_	Four months (3	37 CFR 1.17(a)(1))	\$	
		_	Five month (37	' CFR 1.17(a)(1))	\$	
		_	Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$60.00.			
			A check in the amount of the fee is enclosed.			
	•	<u>xx</u>	Payment by credit card. Form P-2038 is attached.			
			The Director has already been authorized to charge fees in this application to a Deposit Account.			
			The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number			
	I have enclosed a duplicate copy of this sheet.					
		I am the	_	applicant/inventor.		
				assignee of record of the entire interest. S	See 37 CFR 3.71.	
/28/2005	5 LWDNDIN1 00000010 10667716 Statement under 37 CFR 3.73(b) is enclosed (Form PTC			sed (Form PTO/SB/96)		
FC:2252			225 <b>.8</b> 0_0P	attorney or agent of record.		
			_	attorney or agent under 37 CFR 1.34(a)		
				Registration number if acting und	er 37 CFR 1.34(a) #50,644	
	WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
	February 22, 2005			\\\!		
	Date				Signature	
		53-441-0 Telepho			. Hamilton	
	Telephone Number Typed or printed name					
	Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
		Total of		forms are submitted.		